

Case Number:	CM15-0184001		
Date Assigned:	09/24/2015	Date of Injury:	03/27/2009
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male whose date of injury was March 27, 2009. The medical records (8-27-15) indicated the injured worker was treated for lumbar disc disorder and cervical disc disorder. He reported neck pain, mid back pain, lower backache, bilateral hip pain and bilateral knee pain. He rated his pain with medications an 8 on a 10-point scale (rating of 8 on 5-12-15) and without medications a 10 on a 10-point scale (rating of 10 on 5-12-15). The evaluating physician noted that the injured worker's pain was unchanged since the previous visit. Objective findings included restricted cervical spine range of motion with flexion to 30 degrees, extension to 20 degrees, bilateral lateral bending to 20 degrees, and bilateral lateral rotation to 25 degrees. There was hypertonicity, spasm, tenderness, tight muscles bands and trigger points bilaterally along the cervical paraspinal muscles. Spurling's maneuver caused pain in the neck muscles with no radicular symptoms. He had limited lumbar spine range of motion with flexion to 30 degrees and extension to 15 degrees. Lumbar facet loading on the right was positive. Straight leg raise was negative. He had trigger points with radiating pain and twitch response on the left lumbar paraspinal muscles bilaterally. His bilateral knee range of motion was restricted with flexion to 90 degrees. Crepitus of the knee was noted with active movement. He had tenderness to palpation over the medial joint line and patella. Both knee joints were stable to varus stress in extension at 30 degrees. Patellar grind was positive. Medications included fluoxetine hcl 40 mg, Ibuprofen 600 mg (since at least 3-11-15), Ultram 50 mg (since at least 3-11-15), gabapentin 800 mg, oxycodone hcl 15 mg, Clonazepam 1 mg and Lisinopril 20 mg. Previous treatment included use of Methadone which caused heart palpitations. Physical therapy provided minimal to mild

pain relief. He used a TENS unit and had home exercise program which provided mild pain relief. Lumbar epidural steroid injection provided mild to moderate relief. A request for authorization for Ibuprofen 600 mg #180 and Ultram 50 mg #180 was received on September 1, 2015. On September 9, 2015, the Utilization Review physician determined Ibuprofen 600 mg #180 between 9-4-15 and 10-19-15 was not medically necessary and modified Ultram 50 mg #180 between 9-4-15 and 10-19-15 to Ultram 50 mg #13 between 9-4-15 and 10-19-15 to allow for a monitored one week initial slow taper.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 600 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with neck, mid back, lower back, bilateral hip, and bilateral knee pain rated 8/10 with and 10/10 without medications. The request is for IBUPROFEN 600 MG, 180 COUNT. The request for authorization is not provided. Physical examination of the cervical spine reveals paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point is noted on both sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Exam of lumbar spine lumbar fact loading is positive on the right side. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left lumbar paraspinal muscles on right and left. Exam of knees reveals crepitus is noted with active movement. Tenderness to palpation is noted over the medial joint line and patella. Patellar grind test is positive. Conservative treatments were initiated, including physical therapy. He also had 6 to 7 sessions of chiropractic treatments. He uses a TENS unit regularly. He has been doing an exercise program in the form of vigorous swimming. He has had massage therapy. He received 4 to 6 lumbar epidural steroid injections. Patient's medications include Fluoxetine, Ibuprofen, Ultram, Gabapentin, Oxycodone, Clonazepam, and Lisinopril. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient. This patient does not exhibit any aberrant behavior. The patient submits to periodic random urine drug screens. A detailed discussion of the patient's medications and side effects. Per progress report dated 08/27/15, the patient is on modified duty. MTUS, Anti-inflammatory medications Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, Medications for chronic pain Section, pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss

this medication. The patient has been prescribed Ibuprofen since at least 03/11/15. In this case, the treater has documented how Ibuprofen has been effective in management of pain reduction but has not documented functional improvement with specific examples. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Ultram 50 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with neck, mid back, lower back, bilateral hip, and bilateral knee pain rated 8/10 with and 10/10 without medications. The request is for ULTRAM 50 MG, 180 COUNT. The request for authorization is not provided. Physical examination of the cervical spine reveals paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point is noted on both sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Exam of lumbar spine lumbar fact loading is positive on the right side. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left lumbar paraspinal muscles on right and left. Exam of knees reveals crepitus is noted with active movement. Tenderness to palpation is noted over the medial joint line and patella. Patellar grind test is positive. Conservative treatments were initiated, including physical therapy. He also had 6 to 7 sessions of chiropractic treatments. He uses a TENS unit regularly. He has been doing an exercise program in the form of vigorous swimming. He has had massage therapy. He received 4 to 6 lumbar epidural steroid injections. Patient's medications include Fluoxetine, Ibuprofen, Ultram, Gabapentin, Oxycodone, Clonazepam, and Lisinopril. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient. This patient does not exhibit any aberrant behavior. The patient submits to periodic random urine drug screens. A detailed discussion of the patient's medications and side effects. Per progress report dated 08/27/15, the patient is on modified duty. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this

modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss this medication. Patient has been prescribed Ultram since at least 03/11/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Ultram. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. UDS and pain contract were discussed. In this case, treater has discussed most but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.